

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000070123

1. Entity Name
PENDRYVILLAS, INCORPORATED



APPROVAL
AND
FILED

04 NOV 29 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~70 COFFEE POT ROCK RD.~~
~~SEDONA, AZ 86361~~

Mailing Address
~~70 COFFEE POT ROCK RD.~~
~~SEDONA, AZ 86361~~

REINSTATEMENT



TK

2. Principal Place of Business
2450 SHELBY LANE
Suite, Apt. #, etc.

3. Mailing Address
2450 SHELBY LANE
Suite, Apt. #, etc.

11102004 REIN-P CR2E098 (6/04)

City & State
CLERMONT, FLORIDA
Zip
34711
Country
USA

City & State
CLERMONT, FLORIDA
Zip
34711
Country
USA

4. FEI Number
59-3547768
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
~~HOWARD, REGINA D.~~
~~2285 NORWEGIAN DRIVE #59~~
~~CLEARWATER, FL 33768~~

7. Name and Address of New Registered Agent
Name
WILLIAM A. HARMENING
Street Address (P.O. Box Number is Not Acceptable)
110 NORTH TREMAIN STREET
UNIT NO. 106
City
MOUNT DORA FL Zip Code
32757

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William A. Harmening* WILLIAM A. HARMENING 11/23/04
Signature, typed or printed name of registered agent and full if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, ROGER A 1122 CODDINGTON RD. ITHACA, NY 14850 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, REGINA D 2285 NORWEGIAN AVE #59 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CUEB 70 COFFEE POT ROCK RD. SEDONA, AZ 86361 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROGER A. PIERCE 2450 SHELBY LANE CLERMONT, FLORIDA 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - SEC. TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition REGINA D. HOWARD 6 OSPREY LANE MERRIMACK, NEW HAMPSHIRE 03054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM A. HARMENING 110 N. TREMAIN STREET, UNIT NO. 106 MOUNT DORA, FLORIDA 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000043173430 12/03/04--01045--005 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Harmening* WILLIAM A. HARMENING D/V 11/23/04
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (352) 383-1329